



# Ohio Board of Landscape Architect Examiners

77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio  
43215-6108

Phone (614) 466-2316  
Fax (614) 644-9048  
[www.arc.ohio.gov/](http://www.arc.ohio.gov/)

## Instructions for a New Firm Certificate of Authorization Application and Change of Name

### Each application must include:

- Notarized Application (LAE 003).
- Notarized Affidavit of Responsibility (LAE 001) for each designated landscape architect, who must be registered in Ohio.
- Copy of Ohio Secretary of State's 'Certificate/Registration' authorizing the firm to do business in the state of Ohio.
- \$125.00 application fee, check or money order, U.S. funds only, payable to "Treasurer, State of Ohio".
- Mail to: Ohio Board of Landscape Architect Examiners, 77 S. High St., 16<sup>th</sup> Floor, Columbus Ohio 43215-6108.

### Important Information

- Laws and Rules for the firm certificate of authorization can be found at O.R.C. 4703.331 and O.A.C. 4703:1-3-02.
- Before applying for a Certificate of Authorization, firms must register to do business in the state of Ohio with the Ohio Secretary of State. A copy of the 'Certificate/Registration' must accompany the application for the Certificate of Authorization. For registration forms, contact the Ohio Secretary of State, Business Services Division, at <http://www.sos.state.oh.us/SOS/Businesses.aspx> or by phone at (614) 466-3910 or Toll Free at (877) 767-3453
- All Certificates of Authorization expire annually on June 30.
- Failure to renew the Firm Certificate of Authorization by the June 30 deadline renders the firm inactive and unauthorized to practice in Ohio.
- Firms must notify the Board within thirty days of any change in the firm's name or address, changes of partners, managers, officers, members, directors, shareholders, trustees, designated architects, or re-distribution of ownership.
- Firms with a change of name must file a new application and a fee of \$125.
- Firms that do not wish to renew the certificate of authorization must notify the Board in writing.
- Firms that do not renew the Certificate of Authorization must dissolve the corporation and surrender the firm's license to do business in Ohio with the Ohio Secretary of State.
- A Firm Certificate of Authorization is not the same as the individual's license to practice landscape architecture in the state of Ohio.

### Firms must meet all of these requirements in order to obtain the Certificate of Authorization:

1. More than 50% of the shareholders, members, trustees or partners must be design professionals (architects, landscape architects, engineers, or surveyors) with an active registration in any state. (For example, if ten individuals hold all of the stock or interest in the firm, then six must be registered design professionals.)
2. More than 50% of the shares or interests in the corporation, partnership, limited liability company, trust or association must be owned by design professionals with an active registration in any state.
3. More than 50% of the firm's board of directors (in a corporation) must be active registered design professionals in any state.
4. At least one landscape architect with an active Ohio registration is in responsible charge of the professional activities and decisions of the firm.
5. The firm must hold an active registration to do business in the state of Ohio with the Ohio Secretary of State, Business Services Division at: <http://www.sos.state.oh.us/SOS/Businesses.aspx> by phone at (614) 466-3910, or toll-free (877) 767-3453.
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## Application for a New Firm Certificate of Authorization (LAE 003)

**This firm is registered with the Ohio Secretary of State as a:**

<input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership
Ohio Secretary of State Charter/Registration Number: _____			

**Contact Information:**

This is a:  New Firm Application  Change of Firm Name

Firm Name	Contact Name	
DBA (If Applicable)	Email (required)	
Principal Office Address/City/State/Zip Code	County, if Ohio	
Mailing address/city/state/zip code (if different)	Phone	Fax

**List all Shareholders, Members, Partners, Managers, Directors, Trustees and Officers** (Use additional sheets if needed.)

Name	Design Discipline/Registration No./State/Expiration Date	No. of Shares Held
Principal Office Address/City/State/Zip Code		% Ownership
Telephone	Fax	Email

Name	Design Discipline/Registration No./State/Expiration Date	No. of Shares Held
Principal Office Address/City/State/Zip Code		% Ownership
Telephone	Fax	Email

Name	Design Discipline/Registration No./State/Expiration Date	No. of Shares Held
Principal Office Address/City/State/Zip Code		% Ownership
Telephone	Fax	Email

<b>FOR BOARD USE ONLY</b>	Check No.	Rec'd Date
Staff Review Date/Initials	Director Review Date/Initials	Issue Date



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List the firm's Ohio-registered Designated Responsible Landscape Architect(s) (Use additional sheets if needed.)

Name	Ohio Registration No./Expiration Date	No. of Shares Held
Principal Office Address/City/State/Zip Code		% Ownership
Telephone	Fax	Email

Name	Ohio Registration No./Expiration Date	No. of Shares Held
Principal Office Address/City/State/Zip Code		% Ownership
Telephone	Fax	Email

Name	Ohio Registration No./Expiration Date	No. of Shares Held
Principal Office Address/City/State/Zip Code		% Ownership
Telephone	Fax	Email

### Affidavit of Authorization

(To be signed by person completing form)

State of \_\_\_\_\_, County of \_\_\_\_\_,

I, \_\_\_\_\_, being duly sworn, or affirmed, depose and say I am duly  
Print Name of Authorized Agent

authorized by \_\_\_\_\_ to prepare this application for a Certificate of Authorization  
Print Firm Name

and attest to the best of my knowledge and belief, that the information contained herein is true.

\_\_\_\_\_  
Signature and Title of Affiant

Subscribed and sworn, or affirmed, to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Witness my hand and seal hereto attached.

\_\_\_\_\_  
Notary Public

Notary Seal

My commission expires \_\_\_\_\_, \_\_\_\_\_.



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## AFFIDAVIT OF RESPONSIBILITY (LAE 001)

(Complete one for each Ohio designated responsible landscape architect)

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, the undersigned affiant, under oath, being duly sworn,  
Print Name

swear I am a registered landscape architect in the State of Ohio, \_\_\_\_\_  
Ohio Registration Number/ Expiration Date

issued by the Ohio Board of Landscape Architect Examiners and that I am a designee of

\_\_\_\_\_ and I accept the full responsibility for the landscape  
Firm Name

architecture activities and decisions of this firm and meet the requirements under law for this  
designation.

\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Witness my hand and seal hereto attached –

\_\_\_\_\_  
Signature

Notary Seal

My commission expires \_\_\_\_\_, \_\_\_\_\_.